

State/Territory: Nevada

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: ☐ No limitations ☒ With limitations\*

- 2.a. Outpatient hospital services.

Provided: ☐ No limitations ☒ With limitations\*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic, which are otherwise included in the State Plan

☒ Provided: ☐ No limitations ☒ With limitations\* *AD*

☐ Not provided.

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

☒ Provided: ☐ No limitations ☒ With limitations\*

- d. Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Service Act to a pregnant woman or individual under 18 years of age.

☐ Provided: ☐ No limitations ☐ With limitations\*

3. Other laboratory and x-ray services.

Provided: ☒ No limitations ☐ With limitations\*

\*Description provided on attachment.

TN No. 92-5

Supersedes 90-14 Approval Date FEB 21 1992

Effective Date 1/1/92

TN No. 90-14

HCFA ID: 7986E

1. Inpatient hospital services are limited to admissions certified for payment by Nevada Peer Review Organization.
- 2.a. Outpatient hospital services are limited to the same extent as physicians' services, prescribed drugs, therapy and other specific services listed in this attachment.
- 2.b. Rural health clinic services are subject to the same limitations listed for specific services elsewhere in this attachment.
- 2.c. Federally qualified health center services are subject to the same limitation as those of rural health clinics.

TN# 92-5  
Supersedes  
TN# 88-18

Approval Date FEB 21 1992

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AMOUNT, DURATION, AND SCOPE OF MEDICAL  
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- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.  
Provided:      No limitations X With limitations\*
- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.\*
- 4.c. Family planning services and supplies for individuals of child-bearing age.  
Provided:      No limitations X With limitations\*
- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.  
Provided:      No limitations X With limitations\*
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).  
Provided:      No limitations X With limitations\*
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' services.  
Provided:      No limitations X With limitations\*

\* Description provided on attachment.

TN No. 93-15  
Supersedes 92-16  
Approval Date AUG 2 1993 Effective Date 7/1/93

- 4.a. Nursing facility services require prior authorization from the Nevada Medicaid Office.
- 4.b. Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services as defined in 42 CFR 440.40(b) is provided in accordance with 42 CFR 441.50 through 441.62. All medically necessary diagnostic and treatment services will be provided to EPSDT recipients to treat conditions detected by periodic and interperiodic screening services, even if the services are not included in the "State Plan."
- 4.c. Family planning services are not covered for individuals whose age or physical condition precludes reproduction. Tubal ligations and vasectomies to permanently prevent conception are not covered for anyone under the age of 21 who is adjudged mentally incompetent or who is institutionalized.
- 5a&b. Unless prior authorized by the Nevada Medicaid Office, physicians' services for outpatients are limited to two office visits per person per month for treatment of illness, two therapeutic injections per month, and emergency treatment. Services to hospital inpatients, family planning services, chemotherapy, and obstetrical services are not subject to this limitation.
- 6.a. Podiatrists' services are limited to individuals under the age of 21 and referred as a result of a Healthy Kids (EPSDT) screening.

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Supersedes

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State/Territory: Nevada

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
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b. Optometrists' services.

XX Provided:      No limitations X With limitations\*  
     Not provided.

c. Chiropractors' services.

XX Provided:      No limitations X With limitations\*  
     Not provided.

d. Other practitioners' services.

XX Provided: Identified on attached sheet with description of  
limitations, if any.  
     Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency  
or by a registered nurse when no home health agency exists in the area.

Provided:      No limitations X With limitations\*

b. Home health aide services provided by a home health agency.

Provided:      No limitations X With limitations\*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided:      No limitations X With limitations\*

d. Physical therapy, occupational therapy, or speech pathology and audiology  
services provided by a home health agency or medical rehabilitation facility.

XX Provided:      No limitations X With limitations\*  
     Not Provided.

8. Private duty nursing services.

XX Provided:      No limitations X With limitations\*  
     Not Provided.

\*Description provided on Attachment 3a.

TN No. 94-12

supersedes

TN No. 92-5

Approval Date **FEB 8 1995**

Effective Date

10/01/94

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- 6.b. Optometrist services require prior authorization from the Nevada Medicaid Office. Refractions are limited to one in 24 months except for those required as a result of an EPSDT examination.
- 6.c. Chiropractor services are limited to individuals under the age of 21 and referred as a result of a Healthy Kids (EPSDT) screening.
- 6.d. Other practitioner services

Physician Assistants' services are limited to the same extent as are physicians' services.

Certified Registered Nurse Practitioners' services are limited to the same extent as are physicians' services.

Psychologists' Services must be prior authorized by the Medicaid Office on Form NMO-3 and normally are limited to 24 one-hour individual therapy visits per year.

7. Home health care services

- a. Intermittent or part-time nursing service provided by a home health agency, or by a RN or LPN when no home health agency exists in the area, requires prior authorization from the Medicaid office on Form NMO-3.
- b. Home health aide services provided by a home health agency require prior authorization from the Medicaid Office on Form NMO-3.
- c. Medical supplies, equipment, and appliances for use at home are provided. Disposable items are provided without limitations. Oxygen and durable medical equipment require prior authorization from the Medicaid Office on Form NMO-3.
- d. These services require prior authorization by the Medicaid Office on Form NMO-3.

8. Private duty nursing services require prior authorization from the Medicaid office on Form NMO-3.

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Supersedes  
TN# 94-12

Approval Date AUG 26 1996

Effective Date 01/01/96

RC 8/26/96  
4/1/96



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MAY 1985

ATTACHMENT 3.1-A  
Page 4  
OMB NO.: 0938-0193

AMOUNT, DURATION AND SCOPE OF MEDICAL  
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9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

10. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

11. Physical therapy and related services.

a. Physical therapy.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

b. Occupational therapy.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

c. Services for individuals with speech, hearing, and language disorders  
(provided by or under the supervision of a speech pathologist or  
audiologist).

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.


\*Description provided on attachment.

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Supersedes  
TN No. 76-42

OCT 1 1985  
Approval Date

Effective Date 7-1-85

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9. Clinic services are subject to the same limitations listed elsewhere in this attachment, e.g., limits on prescriptions and <sup>physician</sup> the office visits. 
10. Dental services are limited to emergency care only. For those individuals referred for diagnosis/treatment under the Early Periodic Screening, Diagnosis and Treatment Program dental services are not so limited, and the full range of dental care is provided.
11. Physical therapy and related services must be prescribed by a physician, and are limited to services required for restitution and/or rehabilitation as contrasted with maintenance or palliation. Hospital inpatient therapy is limited to the same range of services that Medicare covers for its beneficiaries. Long-term-care facility inpatient therapy and therapy provided outpatients, other than emergencies or initial evaluations, require prior authorization from the Nevada Medicaid Office on form NMO-3.

TN# 88-08

Supersedes

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